

State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
January 10, 2012 @ 9:00 AM

I. Call to Order	1
II. Progress Reports	
1. CR 11-325 Frederick R. Radke, M.D.	2-3
2. CR 11-344	3
3. CR 11-355	3
4. Intentionally Left Blank	3
5. Complaint Status Report	3
6. Review Draft Letters of Guidance	
A. CR 10-037 James E. Rohan, M.D.	4
B. CR 11-098 Abby R. Thrower, M.D.	4
C. CR 11-393 Michael F. Regan, M.D.	4
7. Consumer Assistant Feedback	4
III. New Complaints	
8. CR 11-381	4
9. CR 11-397 Stephen H. Doane, M.D.	4
10. CR 11-437	4-5
11. CR 11-374	5
12. CR 11-388	5
13. CR 11-389	5
14. CR 11-439	6
15. CR 11-401	6
16. CR 11-405	6
17. CR 11-421	7
18. CR 11-438	7
19. CR 11-477	7-8
20. CR 11-481 Paul A. Tessier, M.D. (BOLIM)	8
21. CR 11-485	8
22. Intentionally Left Blank	
IV. Assessment & Direction	
23. AD 11-465 (CR 12-6)	8
24. AD 11-483 (CR 12-8)	9
25. AD 11-496	9
26. AD 11-523 (CR 12-7)	9
V. Informal Conferences	
A. CR 10-435	9
B. CR 08-256	9
VI. Minutes of December 13, 2011	10
VII. Board Orders & Consent Agreement Monitoring & Approval	
A. Board Orders (None)	

B. Consent Agreement Monitoring and Approval	
1. Paul A. Tessier, M.D.....	10
2. Michael Berry, M.D.....	10
3. Thomas DeFanti, M.D.	10
4. Timothy H. Wiegand, M.D.....	10
5. Vankatram Nethala, M.D.....	10
VIII. Adjudicatory Hearing 1:00 p.m.	
A. CR 11-061 Wesley A. McEldoon, M.D. (BOLIM)	11
IX. Remarks of Chairman	11
A. Federation Conference Jan 25th "Gold Standard Licensing"	11
B. Voting Delegate to FSMB	11
X. Executive Director's Monthly Report.....	11
A. Complaint Status Report.....	11
B. Policy Review – Complaint Review Extensions	11-12
XI. Medical Director's Report	12
XII. Remarks of Assistant Attorney General (None)	
XIII Secretary's Report	
A. List A	
1. M.D. List A Licenses for Ratification	12
2. P.A. List A Licenses for Ratification.....	12-13
B. List B Applications for Individual Consideration (None)	
C. List C Applications for Reinstatement	
1. List C Applications for Reinstatement	13
2. List C Applications for Reinstatement for Individual Consideration (None)	
D. List D Withdrawals	
1. List D (1) Withdraw License Application	
a. Robert Ruth, MD	13
2. List D (2) Withdraw License from Registration	13
3. List D (3) Withdraw License from Registration - Individual Consideration (None)	
E. List E Licenses to lapse by operation of law	14
F. List F Licensees requesting to convert to active status (None)	
G. List G Renewal applications for review	
1. Chester Husted, M.D.....	14
H. List H. Physician Assistant Schedule II Authority Requests for Ratification	
1. Applications to Renew Schedule II Authority (None)	
2. Applications for New Schedule II Authority	14-15
XIV. Standing Committee Reports	
A. Administration, Policy & Rules Committee	15
B. Public Information Committee	15
H. Physician Assistant Advisory Committee (September Minutes).....	15
XV. Board Correspondence (None)	
XVI. FYI	15
XVII. FSMB Material (None)	
XVIII. Other Business (None)	
XIX. Adjournment 4:44 p.m.	

**State of Maine
Board of Licensure in Medicine
137 SHS, 161 Capitol Street
Augusta, Maine 04333-0137
Minutes of January 10, 2012**

BOARD MEMBERS PRESENT

Gary R. Hatfield, M.D., M.D., Chairman
Maroulla Gleaton, M.D., Board Secretary
David R. Andrews, M.D.
Louisa Barnhart, M.D.
Cheryl Clukey
David H. Dumont, M.D.
Dana Dyer
David D. Jones, M.D.
David Nyberg, Ph.D.

Ms. Clukey was excused at 2:00 p.m.

BOARD STAFF PRESENT

Randal C. Manning, Executive Director
Mark C. Cooper, M.D., Medical Director
Jean M. Greenwood, Board Coordinator
Dan Sprague, Assistant Executive Director
Tim Terranova, Consumer Assistant
Maria MacDonald, Board Investigator

ATTORNEY GENERAL'S OFFICE

Dennis Smith, Assistant Attorney General
Detective Peter Lizanecz
Detective James Gioia

The Board meets in public session with the exception of the times listed below, which are held in executive session. Executive sessions are held to consider matters which, under statute, are confidential (1 M.R.S. §405) and 10 M.R.S.A. §8003-B, and 22 M.R.S. § 1711-C.) The Board moved, seconded, and voted the following executive session times. During the public session portions of the meeting actions are taken on all matters discussed during executive session. Discussions are projected on a screen by PowerPoint projection.

PUBLIC SESSIONS

9:05 a.m. – 9:07 a.m.
11:00 a.m. – 11:09 a.m.
11:06 a.m. – 11:07 a.m.
11:49 a.m. – 11:50 a.m.
12:00 p.m. – 12:47 p.m.
1:38 p.m. – 1:49 p.m.
1:55 p.m. – 2:10 p.m.
2:10 p.m. – 3:00 p.m.
3:00 p.m. – 4:44 p.m.

PURPOSE

Call to Order
Recess
Public Session
Vote Informal Conference
Noon Recess
Vote Informal Conference
Recess
Adjudicatory Hearing
Public Session

EXECUTIVE SESSION

9:07 a.m. – 11:00 a.m.	Reviewing Progress Reports
11:09 a.m. – 11:49 a.m.	Informal Conferences
11:50 a.m. – 12:00 p.m.	Reviewing Complaints
12:47 p.m. – 1:55 p.m.	Informal Conference

I. Call to Order

Dr. Hatfield called the meeting to order at 9:05 a.m.

A. AMENDMENTS TO THE AGENDA

1. AD 11-523
2. Proposed Amendment to Consent Agreement – Timothy H. Wiegand, M.D.
3. Hector Arrache, M.D. – Licensing
4. Venkatram Nethala, M.D. – Monitoring

B. SCHEDULED AGENDA ITEMS

1. INFORMAL CONFERENCES

11:00 a.m. CR 10-435
12:30 p.m. CR 08-256

2., ADJUDICATORY HEARING

1:00 p.m. CR 11-061 Wesley A. McEldoon, M.D.

II. PROGRESS REPORTS

1. CR 11-325 Frederick R. Radke, M.D.

Dr. Dumont moved to dismiss CR 11-325 Frederick R. Radke, M.D. with a letter of guidance. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Andrews recused.

This complaint involves a patient who underwent a biopsy for abnormal findings on a mammogram. The patient complains of inadequate informed consent, which was asked of her on the way into the operating room when it was too late to stop the procedure. She also alleges the biopsy involved more extensive surgery than she expected and that she developed persistent drainage and pain.

The physician replies he proceeded with surgery because of the patient's anxiety and during surgery a mass was noted consistent with a clump of nodes and he believed it was medically necessary to remove the entire clump. He admits to being surprised when the pathology report showed 8 lymph nodes. He notes that most of the nodes were tiny and impossible to distinguish. He also states that if he had planned to do more extensive surgery he would have obtained a more extensive informed consent. He alleges the patient called him multiple times each week and there were extensive conversations but he failed to document telephone calls.

The medical care in this case appears appropriate. However, records show limited documentation of the discussion with the patient about the risks and benefits of surgery and why the originally documented plan was not followed. The informed consent for this procedure does not appear to have been obtained by the attending surgeon and does not adequately reflect the procedure that was performed. The Board recognizes the physician went out of his way to answer phone calls to meet the patient's emotional needs.

The letter of guidance will suggest:

1. That while it is not necessary to document all phone calls it is a reasonable practice to document any calls or conversations that change a plan of care or reflect a patient's concerns about care;
2. That it is good practice to document any discussion of risks and benefits of surgery and to document patient understanding of this, whether obtained in person or over the telephone; and
3. That it is good practice to obtain informed consent personally and insure that it reflects adequately on the proposed procedure.

2. CR 11-344

Dr. Jones moved to dismiss CR 11-344. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Dumont recused.

In this case, a female patient complains the physician performed a vaginal examination without a chaperone present, did not explain the procedure he was performing, and was condescending and abrupt making her uncomfortable.

This complaint was initially reviewed by the Board on October 11, 2011. The Board moved to investigate the complaint further and has received a response from the physician addressing the Board's concerns.

The physician discusses the layout of his office, the availability of female chaperones, and, in general, his adherence to the AMA recommendations. He does note that this case was unusual in that the part of the exam that usually brings his nurse into the exam room was refused. He admits that he does not remember if he then specifically offered a chaperone to the complainant. He notes that his practice now asks patients before their first visit if they will be interested in a chaperone.

The physician also explains to the Board that terminology in his specialty may imply different actions than other specialties. The physician also discussed the personal importance of bringing patients back to their exam rooms himself and the amount of time he spends with patients.

This patient's care appears to have been complicated by her expectation to have a female consultant, as stated to her PCP after this consultation. Her PCP has subsequently made a referral to a female consultant for this patient.

3. CR 11-355

Dr. Dumont moved to investigate further CR 11-355. Dr. Nyberg seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

4. Intentionally Left Blank

5. Complaint Status Report FYI

6. Review Draft Letters of Guidance

A. CR 10-037 James E. Rohan, M.D.

Dr. Dumont moved to accept the letter of guidance to Dr. Rohan as written. Dr. Jones seconded the motion, which passed unanimously.

B. CR 11-098 Abby R. Thrower, M.D.

Dr. Dumont moved to accept the letter of guidance to Dr. Thrower as edited. Dr. Gleaton seconded the motion, which passed unanimously.

C. CR 11-393 Michael F. Regan, M.D.

Dr. Nyberg moved to accept the letter of guidance to Dr. Regan as written. Dr. Dumont seconded the motion, which passed 6-0-0-2 with Dr. Hatfield and Dr. Andrews recused.

7. Consumer Assistant Feedback FYI

III. NEW COMPLAINTS

8. CR 11-381

Dr. Gleaton moved to dismiss CR 11-381. Dr. Dumont seconded the motion, which passed unanimously.

A patient complained that an ophthalmologist performed incompetent refractive surgery on her. The record reveals good medical care that was thoroughly documented with good post operative follow up planned but not kept by the patient. The patient, according to the record, has had a good, albeit not perfect, operative result. This result was covered in the informed consent process as a possible outcome of the surgery performed.

9. CR 11-397 Stephen H Doane, M.D.

Dr. Jones moved to order an Adjudicatory Hearing in the matter of CR 11-397 Stephen H. Doane, M.D. Dr. Dumont seconded the motion, which passed unanimously.

10. CR 11-437

Dr. Jones moved to dismiss CR 11-437. Dr. Gleaton seconded the motion, which passed unanimously.

The complaint states that the physician created a new Workers Compensation M1 Form after a patient visit, changing the diagnosis, treatment recommendations, and prognosis. This occurred

after a call to the physician from the patient's Workman's Compensation agent. The change caused the patient to lose his insurance benefits. The physician states he did not change the patient's M1 Form, but created a new M1 Form directly addressing the actual diagnosis that this patient's insurance was concerned with. The physician apologized for the confusion that this caused, but states he was not properly informed as to the actual question the insurance company was asking until he received a call from the agent.

A review of the medical record supports the physician's response, and documents a similar opinion on the patient's diagnosis and prognosis from another consultant a few months previously.

11. CR 11-374

Dr. Jones moved to investigate further CR 11-374. Dr. Andrews seconded the motion, which passed unanimously.

12. CR 11-388

Dr. Dumont moved to dismiss CR 11-388. Dr. Jones seconded the motion, which passed unanimously.

This case involves a patient who feels that his ear nose and throat (ENT) physician should have diagnosed him with Hypereosinophilic Syndrome using a simple blood test. The physician responds that the patient had seen multiple other providers and that he had CT and physical exam findings indicating the need for sinus surgery. The patient noted improvement after surgery and when his symptoms suddenly returned a referral was made to other specialists. A routine blood count is not necessary before uncomplicated surgery.

13. CR 11-389

Dr. Dumont moved to dismiss CR 11-389. Dr. Jones seconded the motion, which passed unanimously.

This complaint involves a patient who claims his pulmonologist should have diagnosed him with Hypereosinophilic Syndrome by using a simple blood test. The pulmonologist responds that the patient had a thorough history and exam that was consistent with asthma, that he had improved at his follow-up visit and blood testing was not indicated. The pulmonologist states her work-up followed standard practice guidelines. When she learned from another office that the patient had an abnormal blood count she immediately contacted him but he had already arranged for a specialty consultation.

This patient has a rare disease that can be difficult to diagnose. The patient's care followed standard practice guidelines and was appropriate.

14. CR 11-439

Dr. Nyberg moved to dismiss CR 11-439. Dr. Jones seconded the motion, which passed 6-0-0-2 with Dr. Dumont and Dr. Gleaton recused.

The patient complains that the physician did not treat his migraine, hip, and back pain appropriately during a visit to an emergency department and was generally unprofessional. After taking a history and performing a physical exam, the physician reviewed records from the patient's primary care physician, from a pain management specialist, his MRI and spine x-rays. Although the patient stated he was taking Percocet for pain, the records indicate his physicians had discontinued this medication. Based on these data the physician decided non-narcotic treatment would be the best course and prescribed amitriptyline for headache and baclofen for spasms. The patient was unhappy with this course of action. Upon discharge from the emergency department the patient was encouraged to follow-up with his primary care physician if symptoms changed or worsened. Within a month he was discharged from that physician's practice for unspecified reasons. It appears from the record that the physician's care was thorough and appropriate, even though the patient was hoping for another kind of care.

15. CR 11-401

Dr. Barnhart moved to dismiss CR 11-401. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant has been treated by the psychiatrist, a nurse practitioner, and a therapist for bipolar disorder with a modest dose of lithium resulting in low blood levels. The patient complains her psychiatrist continued to prescribe medication despite the side effects she was experiencing.

The psychiatrist responds the dose was within normal limits. A review of the records indicates the dose was modified due to patient complaints. The care was attentive and the complaint was not substantiated in the record.

16. CR 11-405

Mr. Dyer moved to dismiss CR 11-405. Dr. Jones seconded the motion, which passed unanimously.

The mother of a patient complained that a specialist physician failed to perform a procedure based on a diagnosis rendered at an emergency department visit and did not provide dental prophylaxis prior to her visit. The physician responds that after taking a complete history, including an x-ray and performing an examination he did not think the procedure was indicated or in the patient's best interest and recommended the patient be evaluated by her dentist. The medical record did not support dental prophylaxis.

A complete review of the patient's medical records does not support the complaint.

17. CR 11-421

Dr. Hatfield moved to dismiss CR 11-421. Dr. Gleaton seconded the motion, which passed unanimously.

This complaint comes from the father of a 4 year old patient. The patient was seen by the physician for a weight re-check accompanied by his mother, but not the father. The complainant feels the physician acted inappropriately when she sat the 2 year old sibling in her lap and put her arms around him to restrain him from the escalating fighting that ensued between the two siblings in the office during the appointment.

The record does not support the substance of the complaint. The care the physician offered this family was appropriate. The physician should be commended for her care of this family.

18. CR 11-438

Dr. Andrews moved to investigate further CR 11-438. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Mr. Dyer recused.

19. CR 11-477 Matthew D. Bush, M.D.

Dr. Gleaton moved to dismiss CR 11-477 Matthew D. Bush, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed 6-0-0-2 with Dr. Andrews and Dr. Hatfield recused.

A patient complained about the care he received at an orthopedic practice. He felt that the discussion about treatment modalities for his fractured wrist left him with a false impression about recovery times. The patient felt he was misled to opt for a surgical remedy when conservative casting therapy would have achieved the same result with less financial risk, which the patient could not afford to take.

Examination of the record, including consent discussion documented in the physician record and financial responsibility paperwork, reveals that the patient authorized and opted for surgical therapy along with undertaking responsibility for payment for this therapy. The record also shows that the patient had surgery only one day after the physician encounter which did not allow much time for detailed research regarding payment plans or lengthy consideration of all treatment options.

The physician's office has offered assistance to work out a financial arrangement, but the patient has not pursued this assistance, feeling that he should not have to pay anything. Instead, the patient has resorted to angry internet postings about his dissatisfaction with his orthopedic care despite an excellent surgical result. It would appear from the record that the patient does not want to accept financial responsibility for his decision to go forward with his wrist surgery, and he has not tried to work with the physician or his office to plan remittance.

The Board offers the following recommendations:

1. Informed consent from a patient contemplating surgery should involve a patient's

thorough understanding of likely surgical outcomes. The Board's Informed Consent Guidelines are enclosed.

2. There should be more thorough documentation than a stamp 'Unable to Sign,' to indicate that a patient understands financial responsibility.

20. CR 11-481 Paul A. Tessier, M.D.

Mr. Dyer moved to dismiss CR 11-481 Paul A. Tessier, M.D. with a letter of guidance. Dr. Jones seconded the motion, which passed unanimously.

Dr. Tessier violated the terms of his Consent Agreement with the Board by failing to pay the fine when it was due. Dr. Tessier failed to respond to a past due reminder for nearly three months but ultimately sent a letter of apology with full payment.

The Letter of Guidance will remind Dr. Tessier that he has a professional obligation:

1. To comply with the terms of his Consent Agreement; and,
2. To respond to directives from his licensing Board in a timely manner.

21. CR 11-485

Dr. Andrews moved to dismiss CR 11-485. Dr. Gleaton seconded the motion, which passed unanimously.

The complainant alleges the physician held the patient against her will at the hospital, induced labor without consent, and did not provide epidural analgesia as requested. She also alleges birth injuries to her baby. A discussion of the induction of labor was well documented. The infant had an uncomplicated post term vaginal delivery. IV antibiotic for prevention of neonatal Strep infection was provided less than four hours prior to delivery. The physician provided pain medication when he was notified of the request by nursing. The notification by nursing staff appeared to have been delayed. Epidural analgesia was not provided due to the rapid progress of labor.

The record does not support the allegations made by the complainant.

22. Intentionally Left Blank

IV. ASSESSMENT AND DIRECTION

23. AD 11-465 (CR 12-6)

Dr. Andrews moved to issue a complaint in the matter of AD 11-465 (CR 12-6). Dr. Gleaton seconded the motion, which passed unanimously.

24. AD 11-483 (CR 12-8)

Dr. Jones moved to issue a complaint in the matter of AD 11-483 (CR 12-8). Dr. Gleaton seconded the motion, which passed unanimously.

25. AD 11-496

Dr. Dumont moved to file AD 11-496. Mr. Dyer seconded the motion, which passed unanimously.

26. AD 11-523 (CR 12-7)

Dr. Dumont moved to issue a complaint in the matter of AD 11-523 (CR 12-7). Mr. Dyer seconded the motion, which passed unanimously.

V. INFORMAL CONFERENCES

A. CR 10-435

Dr. Jones moved to dismiss CR 10-435. Dr. Barnhart seconded the motion, which passed unanimously.

This complaint involves care of a patient with abdominal pain by a resident and the resident's supervising attending physician. The Board invited the attending physician to an informal conference to discuss the care of the patient, documentation of this care by the resident and the physician, and nursing documentation of the patient's condition and medicines given.

The physician discussed significant changes made at his hospital to address all of these issues and the important consideration he and his department feel these issues deserve. He fully understands the Board's concerns and will discuss these further with the hospital in question and the resident.

B. CR 08-256

Dr. Hatfield moved to offer the physician a consent agreement with the guidelines that were discussed at the informal conference. When the physician is on call he will be able to prescribe up to three days of controlled substances for one of his covering partners; to prescribe controlled substances for up to ten days (one time only) in the primary care setting for the management of acute pain; and to provide chronic pain therapy only for those patients who are in the hospice or end stage life phase. In the event the physician fails to agree to the consent agreement the Board will proceed to an adjudicatory hearing. Dr. Gleaton seconded the motion, which passed unanimously.

VI. MINUTES OF DECEMBER 13, 2011

Dr. Dumont moved to accept the minutes of December 13, 2011 as edited. Dr. Gleaton seconded the motion, which passed 7-0-1-0 with Dr. Jones abstaining.

VII. BOARD ORDERS AND CONSENT AGREEMENT MONITORING AND APPROVAL

A. BOARD ORDERS (NONE)

B. CONSENT AGREEMENT MONITORING AND APPROVAL

1. Paul A. Tessier, M.D.

Dr. Dumont moved to deny Dr. Tessier's request to modify his consent agreement. Dr. Jones seconded the motion, which passed unanimously.

2. Michael Berry, M.D.

Dr. Jones moved to amend Dr. Berry's consent agreement. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Barnhart recused.

3. Thomas DeFanti, M.D.

Dr. Jones moved to deny Dr. DeFanti's request for an unrestricted license. Dr. Andrews seconded the motion, which passed unanimously.

4. Timothy H. Wiegand, M.D.

Dr. Gleaton moved to table the proposed consent agreement amendment. Dr. Nyberg seconded the motion, which passed unanimously.

5. Venkatram Nethala, M.D.

Dr. Nethala entered a Consent Agreement for conditional licensure with the Board on March 16, 2011 after he reported on his initial license application that he had been charged with driving while intoxicated in New Hampshire. Dr. Nethala's Consent Agreement requires him to undergo urine testing at least twice a month. The Board received a report from the Medical Professional's Health Program (MPHP) stating that Dr. Nethala tested positive for EtS, a secondary metabolite of alcohol. MPHP immediately discussed the positive report with Dr. Nethala and determined the positive test was from an incidental exposure to alcohol and that he did not consume alcohol.

Dr. Nyberg moved to file the MPHP report. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Jones recused.

VIII. ADJUDICATORY HEARING - CR 11-061 WESLEY A. McELDOON, M.D.

The Board met in public session at the Board's offices located in Augusta, Maine at 1:00 p.m. on January 10, 2012. The purpose of the meeting was to conduct an adjudicatory hearing to decide whether Wesley McEldoon, M.D. violated Board statutes and/or Rules as alleged in the Notice of Hearing. A quorum of the Board was in attendance during all stages of the proceedings. Dr. McEldoon did not appear and neither was he represented by legal counsel. Dennis Smith, Assistant Attorney General presented the State's case. James E. Smith, Esq. served as Presiding Officer.

Dr. Nyberg moved that a preponderance of the evidence shows that there have been two violations: (1) in Section A with regard to unprofessional conduct, having specifically to do with failure to respond to Board requests to attend this hearing; and (2) in Section B fraud and deceit in the application for a license. Dr. Dumont seconded the motion, which passed 8-0.

Dr. Nyberg moved: (1) to issue a formal reprimand; (2) to impose a fine of fifteen hundred dollars (\$1500.00) per each of the two violations for a total of three thousand dollars; and (3) to require Dr. McEldoon to pay the costs associated with holding the hearing. Dr. Gleaton seconded the motion, which passed 8-0.

IX. REMARKS OF THE CHAIRMAN

A. Federation Conference Jan 25th "Gold Standard Licensing"

The Federation of State Medical Boards will sponsor a teleconference on the subject of "Gold Standard Licensing" on January 25, 2012.

B. Voting Delegate to FSMB

Dr. Jones moved to elect Dr. Nyberg as voting delegate to the Federation of State Medical Boards Annual Meeting. Dr. Gleaton seconded the motion, which passed 7-0-0-1 with Dr. Nyberg recused.

Dr. Dumont moved to allow a staff member to use the Executive Director's scholarship to attend the FSMB annual meeting since the Executive Director will be traveling as a member of the Board of Directors. Dr. Jones seconded the motion, which passed unanimously.

X. EXECUTIVE DIRECTOR'S MONTHLY REPORT

The Board accepted the report of the Executive Director.

A. Complaint Status Report (FYI)

B. Policy Review – Complaint Review Extensions

Dr. Gleaton moved to reaffirm the Complaint Review Extensions policy. Dr. Andrews seconded the motion, which passed unanimously.

XI. MEDICAL DIRECTOR'S REPORT

A. Physician Orders for Life Sustaining Treatment POLST

The Board directed staff to write a letter of support of the concept of POLST initiatives for review next month.

XII. REMARKS OF THE ASSISTANT ATTORNEY GENERAL (NONE)

XIII. SECRETARY'S REPORT

A. List A

1. M.D. List A Licenses for Ratification

Dr. Jones moved to ratify the physicians on List A for licensure. Dr. Andrews seconded the motion, which passed unanimously.

The following license applications have been approved by Board Secretary, Maroulla Gleaton, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Caldwell, Esly S.	Internal Medicine	Portland
Chen, Benjamin Y.	Diagnostic Radiology	Not Listed
De Marchi, Whilemina J.	Psychiatry	Not Listed
Downey, Douglas	Surgery	Belfast
Ebert, James B.	Emergency Medicine	Ellsworth
Eliot, Hope E.	Family Practice	Not Listed
Flynn, Ethan A.	A&C Pathology	Augusta
Hay, Valerie J.	Pediatrics	Farmington
Henderson Bradley E.	Orthopedic Surgery	Pittsfield
Kiefer, Patrick J.	General Surgery	Not Listed
Lacunza, John C.	Diagnostic Radiology	Not Listed
Quinn, Timothy R.	Dermatopathology	York
Stein, Eric J.	Diagnostic Radiology	Not Listed
Stewart, Kim M.	Pediatrics	Newport
Zahid, Erum	Internal Medicine	Farmington

2. P.A. List A Licenses for Ratification

Dr. Jones moved to ratify the physician assistants on List A for licensure. Dr. Andrews seconded the motion, which passed unanimously.

The following Physician Assistant license applications have been approved by Board Secretary, Maroulla Gleaton, M.D. without reservation:

<u>Name</u>	<u>License Status</u>	<u>PSP</u>	<u>Location</u>
Van LaMore, P.A.C.	Active	Nancy Cummings, M.D.	Farmington
Carol Vielehr, P.A.-C	Inactive	None	None

B. List B Applications for Individual Consideration (None)

C. List C Applications for Reinstatement

1. List C Applications for Reinstatement

Dr. Jones moved to ratify the reinstatement of the physicians on List C. Dr. Andrews seconded the motion, which passed unanimously.

The following M.D. license reinstatement applications have been approved by Board Secretary, Maroulla Gleaton, M.D. without reservation:

<u>NAME</u>	<u>SPECIALTY</u>	<u>LOCATION</u>
Belman, Alec R.	Emergency Medicine	Portland
Jones, Grenville H.	Radiation Oncology	Augusta
Pham, Justin H.	Diagnostic Radiology	Not Listed

D. List D Withdrawals

1. List D (1) Withdraw License Application

1. Robert Ruth, M.D.

The Licensure Committee moved to allow Robert Ruth, M.D. to withdraw his license application. The motion passed unanimously.

2. List D (2) Withdraw License from Registration

Dr. Jones moved to approve the physicians on List D (2) to withdraw their licenses from registration. Dr. Dumont seconded the motion, which passed unanimously.

The following physicians and physician assistants have applied to withdraw their licenses from registration:

<u>NAME</u>	<u>LICENSE NUMBER</u>
Nattell, Daniel	018381
Rand, Jamie	017960
Skeik, Nedaa	016861

E. List E Licenses to lapse by operation of law

The following physician licenses lapsed by operation of law effective January 5, 2011.

<u>NAME</u>	<u>LICENSE NO.</u>
Abraham, Valsa	MD10300
Berkley, Bryan	MD17922
Borodkina, Marina	MD18721
Dodds, Heather	MD18257
Goossens, Jan	MD12221
Haq, Badi Uz	MD6076
Horner, William	MD6926
Johnson, James	MD18112
Karis, Elaine	MD18100
Kirkpatrick, David	MD10369
Katai, Freddy	MD16919
Liddy, John	MD16479
Malm, Samantha	MD15874
Nourse, Pamela	MD14885
Pettinger, Thomas	MD16979
Reinheimer, Brent	MD17201
Shepard, Jo-Anne	MD14403
Youga, Henry	MD17251

F. List F Licensees requesting to convert to active status (None)G. List G Renewal applications for review1. Chester Husted, M.D.

The Licensure Committee moved to renew the license of Chester Husted, M.D. The motion passed unanimously.

2. Hector Arrache, M.D.

The Licensure Committee moved to renew Dr Arrache's license in inactive status. The motion passed unanimously.

H. List H Physician Assistant Schedule II Authority Requests for Ratification1. List H (1) Applications to Renew Schedule II Authority (None)2. List H (2) Applications for New Schedule II Authority

Dr. Jones moved to ratify Schedule II Prescribing Authority for the physician assistants on List H (2) as previously approved by Board Secretary, Maroulla Gleaton, M.D. Dr. Andrews seconded the motion, which passed unanimously.

The following new requests for Schedule II prescribing authority have been approved by the Board Secretary, Maroulla Gleaton, MD.

NAME	PSP	LOCATION
Barry Campbell, .PA.-C	Charles Morris, M.D.	Presque Isle
Sarah Dooley, P.A.-C	Andrew Hertler, M.D.	Augusta
Tenielle Holste, P.A.-C	Lisa Nielsen, M.D.	Houlton
Kevin Quigley, P.A.-C	Allan Ingraham, M.D.	Lewiston
Tori Thoreson, P.A.-C	Lisa Nielsen, M.D.	Houlton
Richard Wiemer, P.A.-C	David McDermott, M.D.	Dover-Foxcroft

XIV. Standing Committee Reports

A. Administration, Policy & Rules Committee

The Administration Committee met today and will be reporting at a future meeting.

B. Licensure Committee

The Board discussed physicians who hold an active license but have not actively practiced for an extended period of time and directed staff to research the issue and bring data back for discussion.

C. Public Information Committee

The winter newsletter will be published soon.

D. Physician Assistant Advisory Committee (September Minutes FYI)

XV. Board Correspondence (None)

XVI. FYI


XVII. FSMB Material (None)

XVIII. Other Business (None)

XIX. Adjournment 4:44 p.m.

Dr. Jones moved to adjourn. Dr. Dumont seconded the motion, which passed unanimously.

Respectfully submitted,


Jean M. Greenwood
Board Coordinator